

Reporting Period:
Calendar Year 2004

DEPARTMENT OF
HEALTH AND
FAMILY SERVICES

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Published February 2006

Profile of Chronic Conditions in Medicaid Managed Care

The Department of Health and Family Services works closely with participating health maintenance organizations (HMOs) to assure that necessary services are provided to enrollees. Monitoring the level of services delivered by each HMO provides the Division of Health Care Financing with an estimate of enrollee access to needed services, and provides the HMOs with information that permits targeting of resources to reach populations that may not have optimal service utilization. This health profile is one component of the overall monitoring system.

Certain adverse outcomes associated with chronic conditions can be prevented with appropriate medical care and patient compliance. For this reason, this Profile of Chronic Conditions highlights the ambulatory management of diabetes and the management of asthma in Medicaid managed care.

To generate the data in this health profile, Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)¹ performance measures were applied to HMO-submitted encounter data and other Division sources such as Medicaid eligibility data and fee-for-service claims data. In the charts that follow, the 13 participating Medicaid HMOs are represented by a three letter abbreviation. A key containing the HMO abbreviations and names is located on page 2.

Ambulatory Management of Diabetes

Many adverse outcomes related to diabetes (such as retinopathy, neuropathy and nephropathy) can be prevented, or at least delayed by an aggressive program of preventive care, prompt identification of problems, early intervention and treatment.² As part of their overall framework for the prevention of diabetic complications, the Wisconsin Diabetes Advisory Group recommends an HbA1c test every 3 to 6 months and a lipid profile yearly.³

Chart 1 compares the HMO's percentage of 18-75 year-old enrollees with diabetes who received at least one HbA1c test during calendar year (CY) 2003 and CY 2004.⁴ Four HMOs (AHP, MCH, UHC and UHP) show statistically significant increases in rates with no HMOs showing a statistically significant decrease. The mean percentage for all HMOs in CY 2004 is 82.3%, a statistically significant increase from 78.3% in CY 2003.

Chart 2 compares the HMO's percentage of 18-75 year-old enrollees with diabetes who received at least one lipid profile during CY 2003 and CY 2004.⁴ Seven HMOs (AHP, GHE, HTM, NHP, SHP, MHS, UHC and UHP) show statistically significant increases in rates. The mean percentage for all HMOs in CY 2004 is 67.1%, a statistically significant increase from 61.9% in CY 2003.

Chart 1: Percent of Enrollees with Diabetes with HbA1c Test (CY 2003 and CY 2004)

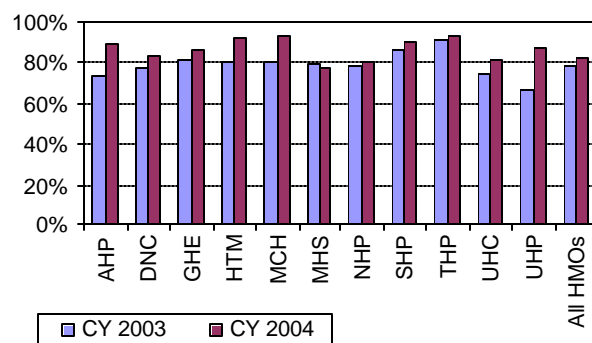
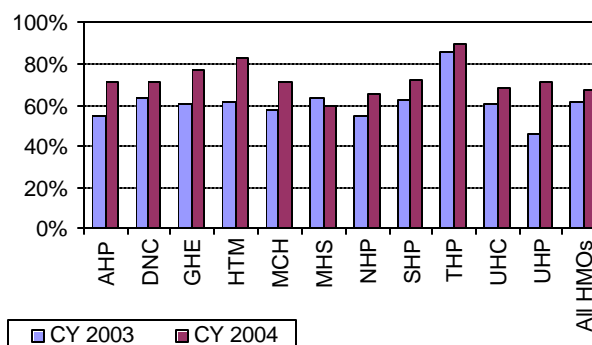


Chart 2: Percent of Enrollees with Diabetes with Lipid Profile (CY 2003 and CY 2004)



¹ The MEDDIC-MS measure specifications are available from the Bureau of Managed Health Care Programs in the Division of Health Care Financing.

^{2,3} Essential Diabetes Mellitus Care Guidelines. The Wisconsin Diabetes Advisory Group. 2004.

Chart 3: Percent of Enrollees with Asthma with Emergency Department Visit (CY 2004)

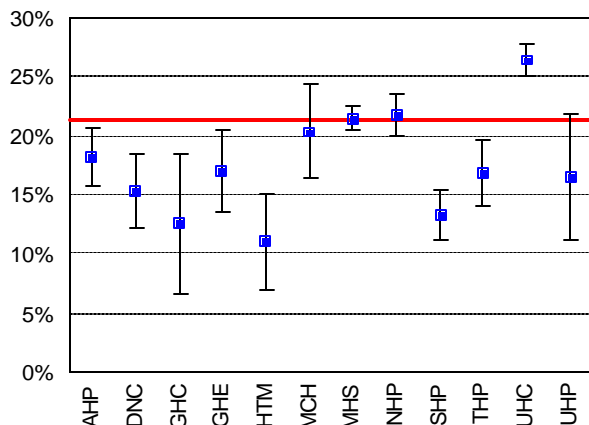


Chart 4: Percent of Enrollees with Asthma with Emergency Department Visit (CY 2003 and 2004)

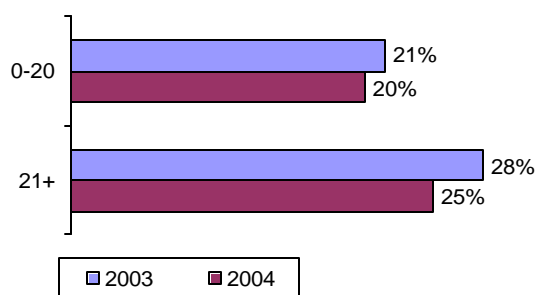
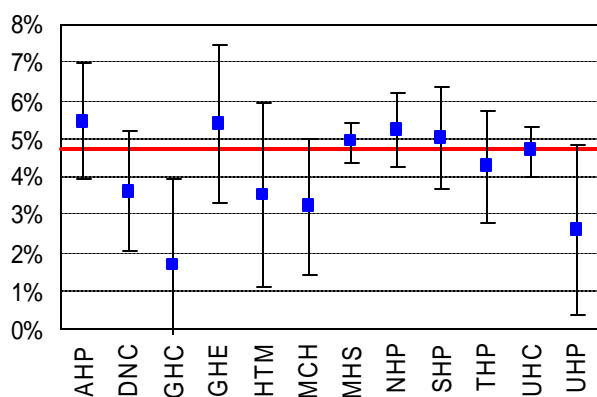


Chart 5: Percent of Enrollees with Asthma with Inpatient Hospital Stay (CY 2004)



Asthma

Asthma is a chronic respiratory illness that affects many children and adults in the Medicaid program. In CY 2004, 6.2% of children (0-20 years) and 4.9% of adults (21+ years) in Medicaid HMOs had asthma. The prevalence rate for both children and adults did not differ significantly from 2003 to 2004. It is important to effectively manage the care of those persons that do have asthma to decrease adverse outcomes.

Use of the emergency room or inpatient hospital for asthma care may indicate inadequate access to primary care, sub-optimal care or poor patient compliance. Charts 3 and 4 display the rates of emergency department utilization, while chart 5 displays the rate of inpatient hospital utilization of enrollees with asthma.⁵

Chart 3 shows the percent of enrollees with asthma (all ages) that had one or more emergency department visits in CY 2004, by HMO. The mean percentage for all HMOs is 21.2%, a statistically significant decrease from the CY 2003 rate of 23.2%. Many HMOs (AHP, DNC, GHC, GHE, HTM, SHP, and THP) have rates statistically below the all-HMO rate. One HMO (UHC) has a rate that is statistically higher than the all-HMO rate.

Chart 4 shows that emergency department visit rates for both children (0-20 years) and adults (21+ years) decreased from 2003 to 2004. These differences are statistically significant. In both years, a greater percentage of adults with asthma visited the emergency room than children.

Chart 5 shows the percent of enrollees with asthma (all ages) that had one or more inpatient hospital stays due to asthma in CY 2004, by HMO. The mean percentage for all HMOs is 4.8%. One HMO (GHC) has a rate statistically below the overall mean; all other HMOs have rates that are statistically indistinguishable from the all-HMO mean.

In CY 2004 as in CY 2003, the adult inpatient hospital stay rate (5.1%) was higher than the child rate (4.6%).

HMO Abbreviations and Names

AHP—Atrium Health Plan	NHP—Network Health Plan
DNC—Dean Health Plan	SHP—Security Health Plan
GHC—Group Health South Central	THP—Touchpoint Health Plan
GHE—Group Health Eau Claire	UHC—UnitedHealthcare
HTM—Health Tradition Health Plan	UHP—Unity Health Insurance
MCH—MercyCare Insurance	VHP—Valley Health Plan
MHS—Managed Health Services	

⁵ Results from HMOs with less than 30 enrollees meeting the MEDDIC-MS denominator criteria are not displayed in the charts.